



DEPARTMENT OF THE ARMY
ARMY RESERVE PERSONNEL COMMAND
ATTN: ARPC-OPA
1 Reserve Way
ST. LOUIS, MISSOURI 63132-5200

REPLY TO
ATTENTION OF ARPC-OPA, Phone: DSN 892-0654 / Commercial (618) 592-0654

ARPC-OPA (135-100)

August 24, 2000

MEMORANDUM FOR

SUBJECT: United States Army Reserve Appointment

1. As per your request, the enclosed is an application packet for a United States Army Reserve Appointment.

2. Please complete ALL the items on the checklist. After making a copy for your records send all originals to:

Commander, ARPERCEN
ATTN: ARPC-OPA
1 Reserve Way
St. Louis, MO 63132-5200

3. Three to four weeks AFTER you have mailed all these items back, please call to check on the status of your application. You can reach us by calling 1-800-325-4914. It is best to call between 7:30 AM and 2:30 PM, Monday through Friday.

4. Thank you for your interest in our United States Army Chaplaincy.

Encl.

FRANK J. BRUNING
Chaplain (LTC), USA
Appointments Liaison Officer

CHECKLIST

CHAPLAIN CANDIDATE TO CHAPLAN USAR

Please use this checklist to verify that you have submitted all the required documents. Place documents in the following order with this completed checklist on top.

<i>Item #</i>	<i>Circle</i>	<i>Copies</i>	<i>ITEM</i>
1	Yes	1	Certificate of Ecclesiastical Endorsement
2	Yes - NA	1	Chaplain Interview Document
3	Yes	1	Chaplain Applicant's Essay
4	Yes	1	Official full-length military photograph
5	Yes - NA	2	DA form 61 - Application for Appointment
6	Yes	1	Application Letter
7	Yes	1	Official copy of Undergraduate transcripts
8	Yes	1	Official copy of Graduate transcripts
9	Yes - NA	1	Statement verifying date of latest National Agency Check or check is in progress
10	Yes	1	SF 86 - Questionnaire for National Security Positions
11	Yes - NA	1	SF 88 - Report of Medical Exam & SF 93 - Report of Medical History (Certified true copies)
12	Yes - NA	2	DA Form 3575
13	Yes	1	Chronological listing of all civilian employment
14	Yes	1	OMPF microfiche or copies of DD Form 214, NGB Form 22, OERs ect.
15	Yes - NA	1	Retirement points statement

PREPARATION GUIDE

APPLICATION FOR APPOINTMENT
AS USAR CHAPLAIN
FROM CHAPLAIN CANDIDATE PROGRAM

1. **IMPORTANT!** Read and follow all instructions carefully.

a. Typing is preferred otherwise print all forms with black ballpoint pen. All copies must be readable. Completed documents, with exceptions noted below should be sent to:

CDR, ARPERCEN
ATTN: ARPC-OPA
9700 Page Blvd.
St. Louis, MO 63132-5200

b. **Special Note:** Weight standards are presently very important for active duty and/or reserve status. If you exceed the Army's weight standard for your height, your application may not be approved. Check to ensure you are within the standards.

c. If you have questions or need assistance, please call Chaplain (LTC) Kenneth Knutson or Carol Ebeler at our toll-free number, 1-800-325-4914. Office hours are 7:30 A.M. - 3:00 P.M., Central Standard Time, Monday through Friday, except federal holidays.

2. **DA FORM 61 - APPLICATION FOR APPOINTMENT**

Complete three copies (photocopies are acceptable), all copies must be signed individually in ink.

Block number instructions:

- | | |
|------------|---|
| 1 | Place and "X" in block before "Commissioned |
| Officer - | Army Reserve" |
| 2 | Write in "AR 135-100" |
| 3 | Write in Army's equivalent of highest rank held |
| 4, 5 | leave blank - not applicable |
| 6 | Place an "X" opposite "CH" under preference |
| column for | Chaplain, USAR |
| 7 | Self-explanatory |

8,10	leave blank
9a	self-explanatory
9b	answer only if you have one, otherwise N/A
11 active	Answer only if you have previously served on military duty.
12-20	Self-explanatory
21	Include seminary and/or graduate schools.
22-23 language	Applies only too military service schools and study.
24-33	Self-explanatory.
34	not applicable
35	full name of your religious denomination.
36-39	not applicable
40 if	Your present employment, "Student" is acceptable not otherwise employed.
41 of instruction and provided	Applicants for United States Army Reserve (USAR) Chaplain, enter name, address, and phone number chaplain that will be interviewing you (See 10-b). Use this space also for continuations explanations for which insufficient space was elsewhere.
42 signed.	Self-explanatory. Form must be dated and signed.

PAGE 4, DISREGARD ENTIRE PAGE.

3. Standard Form 86, Questionnaire for National Security Positions. Follow the instructions as outlined in the packet.

4. **DA FORM 3575 - CERTIFICATION OF ACKNOWLEDGMENT AND UNDERSTANDING.** Complete and return three copies. In the third paragraph, "Applicable AR", enter AR 135-100. The remainder of the form is self-explanatory.

5 **SF 88 - REPORT OF MEDICAL EXAMINATION & SF 93 - REPORT OF MEDICAL HISTORY.** These forms will be provided by the MEPS but may be needed if you schedule a physical somewhere else.

6 **DD FORM 2005 - PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.** Read, sign, enter social security number, date, and return the form.

7. **Application Letter Template.** (sample Enclosed)

9. In addition to the forms in the packet, the following actions must be accomplished. No forms are provided; please follow instructions that pertain to your applications.

a. **ALL APPLICANTS MUST PROVIDE PICTURES.** Provide full-length picture (of applicant only). Current officers need to furnish an Official Military photo. Black and white prints are acceptable, but color prints are highly recommended.

b. **OFFICIAL TRANSCRIPTS.** Required by all applicants. Official transcript of undergraduate credits from a college or university listed in the Education Directory, Colleges and Universities; 120 semester hours, or equivalent, is required. Official transcripts must be mailed from the school directly to:

**CDR, ARPERCEN
ATTN: ARPC-OPA
1 Reserve Way
St. Louis, MO 63132-5200**

Applicants who have completed seminary and are applying for Army Chaplaincy are required to forward an official transcript of graduate credits taken in residence from an accredited theological seminary reflecting a Master of Divinity (or equivalent) degree or completion of three resident years of graduate study in theology. Official transcripts from the school must be mailed from the school directly to the above address. **NOTE:** The raised seal of the school is required on all transcripts. Transcripts received before the application packet will be held for a limited time only (90 days).

c. **CHRONOLOGICAL LISTING OF ALL CIVILIAN EMPLOYMENT.**
List your employment on plain bond paper.

d. **DD FORM 214 REPORT OF SEPARATION FROM ACTIVE DUTY.** If you have ever been on active duty, this form was part of your discharge packet. Include one copy. DO NOT SEND ORIGINAL.

e. **DA FORM 2/2-1 PERSONNEL QUALIFICATION RECORD.** If you are presently and officer of the Army Reserve, a copy of this form must be included with your application. Your unit personnel clerk should have this record in your personal 201 file. (IRR Officers can submit an Officer Record Brief (ORB)).

10. **CHAPLAIN APPLICANT INTERVIEW.** (sample format enclosed). Each chaplain applicant must be interviewed by a senior chaplain (Major or above), active or reserve component, who will serve as a field screening chaplain. The procedures are outlined below:

a. The applicant will arrange for the interview after completion of the application packet. Applicants will not be reimbursed for any travel or incidental expenses connected with the interview requirement.

b. After the completion of the interview, list the date and place of the interview, the name, address, and phone number of the interviewing chaplain in block 41 of DA Form 61. This form is part of your application packet.

c. Remind the chaplain conducting the interview to forward the completed interview statement directly to:

**Office of the Chief of Chaplains
2511 Jefferson Davis Highway
Arlington, VA 22202-3907
(you must use the "four" extra digits, this
identifies them)**

IMPORTANT: Also, please inform the interviewing chaplain to mail a courtesy copy of the completed interview statement to our office at ARPERCEN.

DACH-PEZ

23 September 1998

MEMORANDUM FOR CHIEF, ACCESSIONS BRANCH, OFFICE OF THE CHIEF
OF CHAPLAINS, 2511 JEFFERSON DAVIS HIGHWAY,
ARLINGTON, VA 22202-3907

SUBJECT: Revised Requirement for Chaplain Application
Packets.

1. Effective 1 October 1998, revise the requirements for the contents of application packets for USAR and Active Duty Chaplain to include an essay addressing the question, "Why Do I Want To Be An Army Chaplain?" This requirement will not apply to applicants for the Army National Guard Chaplaincy or the Chaplain Candidate Program.
2. Initiate the appropriate change to regulations and pamphlets to document this change. Until this change is reflected in the appropriate publications, this memo will serve as interim policy.
3. The essay will be prepared in accordance with the following guidelines:
 - a. No more than one page in length.
 - b. Double-spaced, one-inch margins.
 - c. Courier type face, 12-pitch (or nearest match).
 - d. Signed and dated by author.
4. The essay is to be original to and completed by the applicant without coaching and/or editing assistance by recruiters or other members of the Chaplaincy community.
5. For a period of one year, Accessions Boards will provide after action comments on the benefits of having the essay as part of the application packet.

FOR THE CHIEF OF CHAPLAINS

/// Original Signed ///

HUGH L. DUKES, JR
CH (COL) USA
Director, Personnel &

Ecclesiastical Relations

APPLICATION LETTER TEMPLATE

(Your Letterhead)

(Date)

Department of the Army
Office of the Chief of Chaplains
ATTN: DACH-PEC-A
2700 Army Pentagon
Washington, DC 20017

To Whom It May Concern:

-All applicants will include this statement dealing with qualifications for chaplaincy service:

I understand that I have been endorsed to serve as a chaplain with the (Army National Guard/U.S. Army Reserve) (with/without) concurrent active duty by (the name of your endorsing organization). As certified by the endorsement, which I have received, I am a fully qualified member of the clergy of (the name of your religious faith group or independent church) and consider myself spiritually, morally, intellectually, and emotionally qualified to serve as a chaplain. I have completed (number of years) years of full-time active professional clergy service. I have completed (number of years) years of full-time active professional clergy service after meeting the minimum educational requirement for applying to the U.S. Army Chaplaincy.

-All applicants will include this statement dealing with religious pluralism and accommodation of religious practices:

While remaining faithful to my denominational beliefs and practices, I understand that, as a chaplain, I must be sensitive to religious pluralism and will provide for the free exercise of religion by military personnel, their families, and other authorized personnel served by the Army. I further understand that, while the Army places a high value on the rights of its members to observe the tenets of their respective religions, accommodation is based on military need and cannot be guaranteed at all times and in all places.

-All applicants will include this statement dealing with the interview process:

I attest that the application interview with the field screening chaplain, (name of interviewing chaplain),

considered my professional and academic qualifications, pastoral abilities, military experience, motivation for ministry in the Army Chaplaincy, and willingness to work cooperatively with other faith groups. Furthermore, the interview examined by ability to deal with people and my personality traits. The interviewer had the opportunity to access my appearance, poise, general physical condition, and verbal and written proficiency in the English language. The interviewer discussed whether or not any personal concerns affecting my family or myself would result in limitation of assignment worldwide. My responses in the interview constitute a valid tool for assessment of my overall potential for service with the Army Chaplaincy.

-If you have no security clearance or if you are not including a certificate verifying the current status of your security clearance, include this statement:

I understand that my appointment as a commissioned officer in the United States Army Reserve is being accomplished prior to completion of a required National Agency Check and a Federal Bureau of Investigation Name Check. I further understand that if as a result of the post-commissioning investigative process, I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and that I will receive an appropriate discharge certificate.

-If you are not a citizen of the United States by birth or naturalization and you hold a Resident Alien Registration Card, include this statement:

I understand that due to my immigrant alien status, I will not be eligible to obtain a security clearance during my tenure in the United States Army Reserve. I further understand that I will be precluded from assignment to positions and duties requiring access to classified information. If I decide to become a citizen of the United States of America, I understand that I will be eligible to apply for a security clearance after I have attained citizenship.

-If you will be 40 years of age or older at time of the accessioning board, include this statement:

I understand that, because of my age and under existing legislation, I may not be entitled to military retirement benefits.

(Signature)
(Full Typed Name)
(Social Security Number)

In lieu of the SF 86, Questionnaire for National Security Positions, the Defense Security Service (DSS) has mandated the use of the Electronic Personnel Security Questionnaire (EPSQ).

1. Download the EPSQ from the security homepage located at URL: <http://www.Army.mil/usar/ar-perscom/arpercom.htm>
2. When completing the EPSQ, you will encounter a message asking for password, leave this entry blank because the security office will be unable to access your forms.
3. Provide information for ten years instead of seven asked for in the instructions.
4. Validate the EPSQ. Print a copy, sign and date. Download to a disk, attach the disk to the signed copy and return with FD 258 (fingerprint cards).
5. If you need technical assistance, contact DSS customer service at 1-800-542-0237.
6. If you are unable to use the EPSQ, contact this office at 1-800-325-4898 and we will send you the SF 86. However, be aware that by using the AF 86, your security clearance could take up to one year to complete.

FORMAT FOR APPLICANT INTERVIEW STATEMENT

MEMORANDUM FOR: Office, Chief of Chaplains, 2511 Jefferson Davis Highway, Arlington, VA 22202-3907

SUBJECT: Interview Statement for

1. I interviewed, an applicant for a commission/active duty in the Army Chaplaincy, on

2. In my opinion, the applicant does/does not meet the eligibility criteria set out in AR 601-70.

3. My evaluation of the applicant is as follows:

- a. Professional and academic qualifications.
- b. Pastoral abilities.
- c. Military experience.
- d. Motivation for ministry in the Army Chaplaincy.
- e. Willingness to work cooperatively with chaplains of other faith groups and respect the integrity of other faith groups.
- f. Ability to deal with people.
- g. Personality traits.
- h. Appearance, poise, and general physical condition.
- i. Overall potential for ministry in the Army Chaplaincy.
- j. Assignment limitation.
- k. Demonstrates verbal and written proficiency in the English language.

4. I do/do not recommend that his/her application for a commission/active duty in the Army Chaplaincy be accepted.

NAME
RANK
POSITION



DEPARTMENT OF THE ARMY
ARMY RESERVE PERSONNEL COMMAND
ATTN: ARPC-OPA
1 RESERVE WAY
ST. LOUIS, MISSOURI 63132-5200

REPLY TO
ATTENTION OF ARPC-OPA, Phone: DSN 892-0654 / Commercial (618) 592-0654

DARP-OPA

MEMORANDUM FOR Military Entrance Processing Station

SUBJECT: Authority Letter for Physical Examination

1. Reference Memorandum of Understanding between USMEPCOM and FORSCOM dated 29 February 1988, subject same as above.

2. The bearer of this letter is applying for a commission as a chaplain/chaplain candidate in the U.S. Army. Please assist them by administering a physical examination as part of their application process.

3. In accordance with the MOU mentioned above, the examining MEPS facility is to keep the original copy until **ALL** test results are recorded. When all results are recorded, the examining facility is to forward the completed physical to:

CDR, ARPERCEN
ATTN: ARPC-OPA
1 Reserve Way
St. Louis, MO 63132-5200

4. Please provide a Xerox copy of the partially completed physical to this officer applicant before the applicant leaves your facility.

5. The point of contact for this request is Carol Ebeler at toll-free 1-800-325-4914 option #5.

KENNETH J. KNUTSON
Chaplain (LTC), USA
Chaplain Appointment
Liaison Officer

INSTRUCTIONS FOR TAKING PHYSICAL
EXAMINATIONS

1. You are required to have an appointment to take a complete physical examination at the Military Entrance Processing Station (MEPS) closest to where you are now living. Look in the Government section of your local telephone book under Military Entrance Processing Station (MEPS) to locate your local MEPS. If you have any problems locating a place to take your physical examination please call our office at 1-800-325-4914 for assistance.

2. After you have scheduled an appointment and have completed the attached forms, take this entire stapled packet with you to the MEPS.

3. If you wear glasses or contacts (you may wear either to your appointment) but make sure you bring your eyeglasses with you. Do not listen to loud music or wear headphones 24 hours prior to the physical exam. Either action may desensitize your ears, resulting in failure of the audio examination.

4. If you are over 40 years of age you must have the following additional test completed:

Cholesterol	Fasting Blood Sugar
EKG	Introccular Tension
Stool Guiac	

5. MEPS will supply and complete the required Standard Form 88 & 93.

6. Before you leave the MEPS, request a photocopy of your partially completed physical exam. You should retain this copy for personal use.

7. The completed original SF 93 & 88 must be mailed by the MEPS to our office at the following address:

**CDR, ARPERCEN
ATTN: DARP-OPA
1 Reserve Way
St. Louis, MO 63132-5200**

8. If you have any questions, please call Carol Ebeler at toll-free 1-800-3254-4914.

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME - FIRST NAME - MIDDLE NAME		2. IDENTIFICATION NO.		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)		5. EMERGENCY CONTACT (Name and address of contact)		
6. DATE OF BIRTH	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION		

17. CLINICAL EVALUATION					
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL	NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)			P. TESTICULAR	
	C. DRUMS (Perforation)			Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	D. NOSE			R. ENDOCRINE SYSTEM	
	E. SINUSES			S. G-U SYSTEM	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES GENERAL (Visual acuity and refraction under items 28, 29, and 30)			U. FEET	
	H. OPTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS	
	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 42)	
	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
<div><div><div><div><div>0</div><div>1</div><div>2</div><div>3</div></div><div>32</div><div>31</div><div>30</div></div><div>Restorable Teeth</div></div><div><div><div>1</div><div>2</div><div>3</div></div><div>32</div><div>31</div><div>30</div></div><div>Non-restorable Teeth</div></div> <div><div><div>x</div><div>1</div><div>2</div><div>3</div></div><div>32</div><div>31</div><div>30</div></div> <div>Missing Teeth</div>	

x

x

x

32

31

30

Replace by Dentures

x

x

32

31

30

Fixed Partial Dentures

R

I

G

H

T

1

2

3

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19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED
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MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	25. TEMPERATURE
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26. BLOOD PRESSURE (Arm at heart level)						27. PULSE (Arm at heart level)				
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 mins.)	SYS. DIAS.	A. SITTING	B. RECUMBENT	C. STANDING (5 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER

28. DISTANT VISION				29. REFRACTION				30. NEAR VISION					
RIGHT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO		BY	
LEFT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO		BY	

31. HETEROPHORIA (Specify distance)							
ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION			33. COLOR VISION (Test used and result)						34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED				
RIGHT LEFT											CORRECTED				
35. FIELD OF VISION			36. NIGHT VISION (Test used and score)						37. RED LENS TEST		38. INTRAOCULAR TENSION				
RIGHT LEFT											RIGHT LEFT				
39. HEARING			40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and scores)				
RIGHT WV /15 SV /15				250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144					8000 8192
LEFT WV /15 SV /15			RIGHT												
			LEFT												

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	45A. PHYSICAL PROFILE					
	P	U	L	H	E	S
46. EXAMINEE (Check) A. <input type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	45B. PHYSICAL CATEGORY					
	A	B	C	E		
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						

48. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
49. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
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NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT <i>(Last, first, middle)</i>			2. IDENTIFICATION NUMBER		3. GRADE	
4a. HOME ADDRESS <i>(Street or RFD; City or Town; State; and ZIP Code)</i>			5. EXAMINING FACILITY			
4b. CITY		4c. STATE				
6. PURPOSE OF EXAMINATION						

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Use additional pages if necessary)*

a. PRESENT HEALTH			b. CURRENT MEDICATION		REGULAR OR INTERM.
c. ALLERGIES <i>(Include insect bites/stings and common foods)</i>					
		d. HEIGHT		e. WEIGHT	
8. PATIENT'S OCCUPATION			9. ARE YOU <i>(Check one)</i>		
			<input type="checkbox"/> RIGHT HANDED		<input type="checkbox"/> LEFT HANDED

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
				Pain or pressure in chest				Loss of finger or toe			
Tuberculosis or positive TB test				Chronic cough				Painful or "trick" shoulder or elbow			
Blood in sputum or when coughing				Palpitation or pounding heart				Recurrent back pain or any back injury			
				Heart trouble							
Excessive bleeding after injury or dental work				High or low blood pressure				"Trick" or locked knee			
Suicide attempt or plans				Cramps in your legs				Foot trouble			
				Frequent indigestion				Nerve injury			
Sleepwalking				Stomach, liver, or intestinal trouble				Paralysis <i>(include infantile)</i>			
Wear corrective lenses				Gall bladder trouble or gallstones				Epilepsy or seizure			
Eye surgery to correct vision				Jaundice or hepatitis				Car, train, sea or air sickness			
Lack vision in either eye				Broken bones				Frequent trouble sleeping			
Wear a hearing aid				Adverse reaction to medication				Depression or excessive worry			
Stutter or stammer				Skin diseases				Loss of memory or amnesia			
Wear a brace or back support				Tumor, growth, cyst, cancer				Nervous trouble of any sort			
Scarlet fever				Hernia				Periods of unconsciousness			
Rheumatic fever				Hemorrhoids or rectal disease				Parent/sibling with diabetes, cancer, stroke or heart disease			
Swollen or painful joints				Frequent or painful urination				X-ray or other radiation therapy			
Frequent or severe headaches				Bed wetting since age 12				Chemotherapy			
Dizziness or fainting spells				Kidney stone or blood in urine				Asbestos or toxic chemical exposure			
Eye trouble				Sugar or albumin in urine				Plate, pin or rod in any bone			
Hearing loss				Sexually transmitted disease				Easy fatigability			
Recurrent ear infections				Recent gain or loss of weight				Been told to cut down or criticized for alcohol use			
Chronic or frequent colds				Eating disorder (anorexia, bulimia, etc.)				Used illegal substances			
Severe tooth or gum trouble				Arthritis, Rheumatism or Bursitis				Used tobacco			
Sinusitis				Thyroid trouble or goiter							
Hay Fever or allergic rhinitis											
Head injury											
Asthma											

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMO- GRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons <i>(If yes, give reasons.)</i>		
13. Have you ever been treated for a mental condition? <i>(If yes, specify when, where, and give details.)</i>		
14. Have you ever been denied life insurance? <i>(If yes, state reason and give details.)</i>		
15. Have you had, or have you been advised to have, any operation? <i>(If yes, describe and give age at which occurred.)</i>		
16. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>		
18. Have you ever been rejected for military service because of physical, mental, or other reasons? <i>(If yes, give date and reason for rejection.)</i>		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>		
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? <i>(If yes, provide details.)</i>		
22. Have you ever been diagnosed with a learning disability? <i>(If yes, give type, where, and how diagnosed.)</i>		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
--	----------------	-----------

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)*

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
---	----------------	-----------

STANDARD FORM 93 (REV. 6-96) BACK

APPLICATION FOR APPOINTMENT												
For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER												
DATA REQUIRED BY THE PRIVACY ACT OF 1974												
AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)												
PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.												
ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.												
DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.												
1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED						2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)						
COMMISSIONED OFFICER - REGULAR ARMY						3. GRADE FOR WHICH APPLYING (Reserve appointments only)						
COMMISSIONED OFFICER - ARMY RESERVE						4. SOURCE OF APPLICATION (ROTC only)						
WARRANT OFFICER - REGULAR ARMY						DMG		DATE DESIGNATED:				
WARRANT OFFICER - ARMY RESERVE						SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:						
OFFICER CANDIDATE SCHOOL						5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)						
6. BRANCH AND SPECIALTY PREFERENCES						a. MOS CODE		b. MOS TITLE				
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.												
PERSONAL DATA												
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41)					8. GRADE	9a. SOCIAL SECURITY NUMBER			
			10. BRANCH (MOS if enl or wo)	11. TOTAL YRS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE		9b. SELECTIVE SERVICE NUMBER				
	AD		14. DATE OF BIRTH	15. PLACE OF BIRTH (City, county, state)		16. SEX	17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) PHONE AND/OR AUTOVON NUMBER					
	AG											
	AR											
	AV											
	CA		18. PERMANENT ADDRESS (Include ZIP Code) PHONE (Include area code)					19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) PHONE (Include area code)				
	CM											
	EN											
	FA											
	FI											
	IN		20. US CITIZEN	a. NATIVE	b. <input type="checkbox"/> NATURALIZATION		c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)					
	MI		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> DERIVED							
	MP		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT							
	OD											
	QM		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)									
	SC		a. HIGH SCHOOL GRADUATE			b. NAME AND LOCATION OF HIGH SCHOOL						
	SS		<input type="checkbox"/> YES	<input type="checkbox"/> NO								
	TC		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)			(1) DEGREE	(2) SEMESTER CREDITS	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE			(5) MAJOR SUBJECT
	AN								DAY	MONTH	YEAR	
	CH											
	DE											
	JA											
	MC											
	MS											
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.			e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41(Remarks))						
	VC											
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED												
a. NAME OF SCHOOL			b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON			
					FROM	TO	YES	NO				
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY								b. ALAT SCORE (If applicable)				

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attach affidavit)									
25. <input type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.									
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses; article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).									
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.									
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED									
WARRANT OFFICER									
COMMISS- SIONED									
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____									
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED									
WARRANT OFFICER									
COMMISS- SIONED									
29. SOURCE OF CURRENT COMMISSION (If applicable) <input type="checkbox"/> OTHER									
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT									
USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS									
<input type="checkbox"/> DIRECT APPOINTMENT									
30. AWARDS (Do not list theater or service medals)									
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input type="checkbox"/> NO									
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
AS A WARRANT OFFICER						AS A WARRANT OFFICER			
AS A COMMISSIONED OFFICER						AS A COMMISSIONED OFFICER			
e. IF ANSWER IS "YES", EXPLAIN FULLY									
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)									
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).									
<input type="checkbox"/> YES <input type="checkbox"/> NO									

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
(1)	SUBJECT OR COURSE	(2)	NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3)	SEMESTER CREDITS EARNED
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION <i>(Basic)</i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>		COMPLETION DATE <i>(Month, Year)</i>
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER			b. JOB TITLE		c. MONTH AND YEAR
					FROM
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>					
41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)</i>					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE		SIGNATURE OF APPLICANT	

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
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PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**
For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.
PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of _____ (Applicable AR) * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies (*at least 48 per year*) unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve (*IRR*) and while so assigned, if so ordered by competent authority, will perform not more than 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	SOCIAL SECURITY NUMBER
NAME (Typed) (Last, First, MI)	SIGNATURE

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 9 and the release on Page 10. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investi- gation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature			Telephone Number ()		Date

Persons completing this form should begin with the questions below.

1 FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH				
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year	
3 PLACE OF BIRTH	- Use the two letter code for the State.					4 SOCIAL SECURITY	
City	County	State	Country (if not in the United States)				
5 OTHER NAMES USED	Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name , put hee in front of it.						
#1	Name	Month/Year	Month/Year	#3	Name	Month/Year	Month/Year
		To			To		
#2	Name	Month/Year	Month/Year	#4	Name	Month/Year	Month/Year
		To			To		
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male		
7 TELEPHONE NUMBERS	Work (Include Area Code and extension) Day Night ()		Home (Include Area Code) Day Night ()				
8 CITIZENSHIP	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)					b Your Mother's Maiden Name	
a	Mark the box at the right that reflects your current citizenship status, and follow its instructions.						
	I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)						
	I am not a U.S. citizen. (Answer items b and e)						
c UNITED STATES CITIZENSHIP	If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.						
Naturalization Certificate (Where were you naturalized?)							
Court	City	State	Certificate Number	Month/Day/Year Issued			
Citizenship Certificate (Where was the certificate issued?)							
City	State	Certificate Number	Month/Day/Year Issued				
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States							
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation				
U.S. Passport							
This may be either a current or previous U.S. Passport.			Passport Number	Month/Day/Year Issued			
d DUAL CITIZENSHIP	If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.					Country	
e ALIEN	If you are an alien, provide the following information:						
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship		

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
		Telephone Number ()			
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
		Telephone Number ()			
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
		Telephone Number ()			

Enter your Social Security Number before going to the next page 

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business name and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1		To Present						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#2		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#3		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#4		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#5		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#6		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name		Dates Known		Telephone Number	
#1		Month/Year	Month/Year	Day	()
		To		Night	
Home or Work Address				City (Country)	State ZIP Code
Name		Dates Known		Telephone Number	
#2		Month/Year	Month/Year	Day	()
		To		Night	
Home or Work Address				City (Country)	State ZIP Code
Name		Dates Known		Telephone Number	
#3		Month/Year	Month/Year	Day	()
		To		Night	
Home or Work Address				City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page 

13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

1 - Never married	3 - Separated	5 - Divorced
2 - Married	4 - Legally Separated	6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name		Date of Birth	Place of Birth <i>(Include country if outside the U.S.)</i>	Social Security Number
Other Names Used <i>(Specify maiden name, names by other marriages, etc., and show dates used for each name)</i>			Country(ies) of Citizenship	
Date Married	Place Married <i>(Include country if outside the U.S.)</i>			State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City <i>(Country)</i>			State
Address of Current Spouse, if different than your current address <i>(Street, city, and country if outside the U.S.)</i>			State	ZIP Code

b Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.

Full Name		Date of Birth	Place of Birth <i>(Include country if outside the U.S.)</i>		State
Country(ies) of Citizenship		Date Married	Place Married <i>(Include country if outside the U.S.)</i>		State
Check one, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City <i>(Country)</i>			State
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed				
Address of Former Spouse <i>(Street, city, and country if outside the U.S.)</i>			State	ZIP Code	Telephone Number ()

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1 - Mother (<i>first</i>)	5 - Foster parent	9 - Sister	13 - Half-sister	17 - Other Relative*
2 - Father (<i>second</i>)	6 - Child (<i>adopted also</i>)	10 - Stepbrother	14 - Father-in-law	18 - Associate*
3 - Stepmother	7 - Stepchild	11 - Stepsister	15 - Mother-in-law	19 - Adult Currently Living With You
4 - Stepfather	8 - Brother	12 - Half-brother	16 - Guardian	

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

Enter your Social Security Number before going to the next page

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

Association #1	Name	Date of Birth(Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information
Association #2	Name	Date of Birth(Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

- a** Have you served in the United States military?
- b** Have you served in the United States Merchant Marine?

Yes	No

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:
1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country	
				O	E	Active	Active Reserve		Inactive Reserve
To									
To									

17 YOUR FOREIGN ACTIVITIES

- a** Do you have any foreign property, business connections, or financial interests?
- b** Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- c** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (*Does not include routine visa applications and border crossing contacts.*)
- d** In the last 7 years, have you had an active passport that was issued by a foreign government?

Yes	No

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Yes	No

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year _____ Type of Discharge _____

20 YOUR SELECTIVE SERVICE RECORD

Yes	No

a Are you a male born after December 31, 1959? If **No**, go to 21. If **Yes**, go to **b**.

b Have you registered with the Selective Service System? If **Yes**, provide your registration number. If **No**, show the reason for your legal exemption below.

Registration Number _____ Legal Exemption Explanation _____

21 YOUR MEDICAL RECORD

Yes	No

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
	To			
	To			

22 YOUR EMPLOYMENT RECORD

Yes	No

Has any of the following happened to you in the last 7 years? If **Yes**, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|----------------------------------|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | under unfavorable circumstances |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

Yes	No

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- | | | |
|---|--|--|
| a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice) | | |
| b Have you ever been charged with or convicted of a firearms or explosives offense? | | |
| c Are there currently any charges pending against you for any criminal offense? | | |
| d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? | | |
| e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) | | |
| f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) | | |

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page 

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.	Yes	No
a Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
b Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?		
c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?		

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

25 YOUR USE OF ALCOHOL In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	Yes	No

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

26 YOUR INVESTIGATIONS RECORD a Has the United States Government ever investigated your background and/or granted you a security clearance? If Yes , use the codes that follow to provide the requested information below. If Yes , but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and Don't know or Don't recall under the "Other Agency" heading, below. If your response is No , or you don't know or can't recall if you were investigated and cleared, check the No box.	Yes	No

Codes for Investigating Agency 1 - Defense Department 4 - FBI 2 - State Department 5 - Treasury Department 3 - Office of Personnel Management 6 - Other (Specify)				Codes for Security Clearance Received 0 - Not Required 3 - Top Secret 6 - L 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other 2 - Secret 5 - Q			
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason? c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts? d In the last 7 years, have you had any judgments against you that have not been paid?	Yes	No

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

CONTINUATION SHEET FOR QUESTIONNAIRES
SF 86, SF 85P, AND SF 85

For use with the SF 86, Questionnaire for National Security Positions;
SF 85P, Questionnaire for Public Trust Positions; and
SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
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WHERE YOU HAVE LIVED (Continued)

#1	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							

WHERE YOU WENT TO SCHOOL (Continued)

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code			State	ZIP Code	Telephone Number ()	
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code			State	ZIP Code	Telephone Number ()	
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code			State	ZIP Code	Telephone Number ()	